

FRANCHISE BENEFIT SOLUTIONS MINIMUM ESSENTIAL COVERAGE PLAN COMPARISON

Franchise Benefit Solutions offers Grocery Outlet Operators an inexpensive alternative to high-cost medical plans. Our multiple, low-cost minimum essential coverage (MEC) plans focus on cost-containment, usable daily benefits, and compliance with ACA mandates.

These plans allow Operators to offer affordable health insurance options to their employees – who can select the option that best meets their healthcare needs as well as their budget.

PLAN FEATURES:

- Covers wellness and preventive services at 100%
- No annual deductible
- No waiting periods
- National provider network
- 24/7/365 telehealth access provided at no additional cost
- Satisfies requirements of the Affordable Care Act (ACA) and state individual mandates
- Employer participation not required
- Employer contribution not required
- Same exclusive rates for all 50 states
- COBRA Services are included



Benefit Summary	WellCare	PrimeCare	EliteCare
Preventive/Wellness	Covered 100%	Covered 100%	Covered 100%
Primary Care Visits	-	\$15 copay (3 visits per year)	\$15 copay
Specialist Visits	-	-	\$15 copay
Urgent Care	-	-	\$50 copay
Labs	-	-	\$50 copay
X-Rays	-	-	\$50 copay
Prescription Drugs	Discount Only	Tier 1: \$15 copay Tier 2: \$30 copay Tier 3: \$50 copay Tier 4: \$75 copay	Tier 1: \$15 copay Tier 2: \$30 copay Tier 3: \$50 copay Tier 4: \$75 copay
Added Value			
Behavioral Health	-	\$50 fee (3 visits per year)	\$50 fee (3 visits per year)
Telehealth	Covered 100%	Covered 100%	Covered 100%
PPO Network	PHCS Multiplan	PHCS Multiplan	Multiplan
Employee Perks Program	BenefitHub	BenefitHub	BenefitHub
Monthly Rates	WellCare	PrimeCare	EliteCare
Employee Only	\$74.00	\$93.00	\$139.00
Employee + Spouse	\$127.00	\$178.00	\$285.00
Employee + Children	\$127.00	\$178.00	\$285.00
Family	\$181.00	\$268.00	\$424.00

CONTACT US TODAY TO LEARN MORE ABOUT OUR MEC PLANS AND OTHER CUSTOMIZED BENEFIT SOLUTIONS:

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FRANCHISE BENEFIT SOLUTIONS MINIMUM VALUE (MV) PLAN COMPARISON



SBMA offers an ideal option for Grocery Outlet Operators required to offer benefits to all employees to avoid paying penalties.

MV Plan Advantages:

- Plans are designed to meet ACA compliance and avoid Penalties A and B.
- Meets “affordability” requirement when employer agrees to pay any plan above 8.39% of the employee’s income.
- Meets the standards of Actuarial Value under the Affordable Care Act (ACA)
- Provides substantial benefits for both in- and out-patient hospitalization with increasing benefit at each level.
- Reimburses providers using a percentage of Medicare coverage as the reference point for reimbursement total.
- MEC Plans can be offered alongside MV Plans.
- Participation Requirements**
IHP requires 5 enrolled employees through out the year or group may be subject to termination



General Information	Advantage MV	Premium MV	Max MV
Annual Deductible	\$1,500 / \$3,000	\$0 / \$0	\$0 / \$0
Out of Pocket Maximum (Individual / Family)	\$9,100 / \$18,200	\$9,100 / \$18,200	\$9,100 / 18,200
Physician Services			
Preventive/Wellness	Covered 100%	Covered 100%	Covered 100%
Primary Care Visits (PCP)	\$15 copay	\$15 copay	\$15 copay
Specialist Visits	\$15 copay	\$15 copay	\$15 copay
Urgent Care	\$50 copay	\$50 copay	\$50 copay
Diagnostic Services			
X-Ray and Lab Services	\$50 copay	\$50 copay	\$50 copay
Advanced Imaging (MRI, CT and PET)	\$350 copay (limit 1 per year)	\$350 copay (limit 2 per year)	\$350 copay (limit 3 per year)
Hospital Services (Subject to Referenced Based Pricing)			
Inpatient Hospital Services	\$500 copay after deductible (limit 5 days per year)	\$500 copay (limit 7 days per year)	\$500 copay (limit 14 days per year)
Outpatient Surgery	\$250 copay after deductible (limit 1 per year)	\$350 copay (limit 1 per year)	\$350 copay (limit 2 per year)
Emergency Room Services	\$500 copay (limit 1 per year)	\$500 copay (limit 1 per year)	\$500 copay (limit 1 per year)
Additional Services			
Ambulance	\$500 copay (limit 1 per year)	\$500 copay (limit 1 per year)	\$500 copay (limit 2 per year)
Physical / Speech / Occupational Therapy	\$50 copay (limit 8 combined per year)	\$50 copay (limit 12 combined per year)	\$50 copay (limit 12 combined per year)
Home Health Care	\$50 copay (limit 10 per year)	\$75 copay (limit 8 per year)	\$50 copay (limit 20 per year)
Prescription Drug Coverage			
Generic	\$10 copay	\$10 copay	\$10 copay
Preferred Brand	Discount Only	\$50 copay	\$50 copay
Non-Preferred Brand	Discount Only	\$75 copay	\$75 copay
Specialty	Discount Only	Discount Only	Discount Only
Monthly Rates			
	Advantage MV	Premium MV	Max MV
Employee Only	\$475.00	\$545.00	\$675.00
Employee + Spouse	\$861.00	\$925.00	\$1,236.00
Employee + Children	\$815.00	\$841.00	\$1,096.00
Family	\$1,071.00	\$1,225.00	\$1,671.00

This form is intended to provide a brief description of benefits and subject to change. Please refer to the Summary of Benefits for each plan for a complete description of coverage and list of exclusions, limitations, terms and conditions.